

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| Fill in R | eporting Period dates: Beginning Date [12/ | 31/15 | Ending Date: 12 | Town Clerk or Elec | tion Commission |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|
| | Report: (Check one) y preceding preliminary | 30 day ai | ter election 👿 year-en | ad report 5 2 di | ssolution |
| | 1 arlene Morin Capdidate Full Name (if applicable) | Marl | | paign Con | |
| Cit | Y Council At Large Office Sought and District | Eri | Ca Damon Name of Committee | Treasurer | |
| 121 FI | Residential Address | 205 | Florence Rd Flore Committee Mailing | nee MA 0100 g Address | 03 |
| Telephone N | Jumber (optional): | Telephone N | umber (optional) | | |
| | SUMMARY BALANCI | INFOR | MATION: | | |
| ą | Line 1: Ending Balance from previous report | | \$0.00 | | |
| | Line 2: Total receipts this period (page 3, line 11) | | \$2120.00 | | |
| | Line 3: Subtotal (line 1 plus line 2) | | \$ 21 20.00 | | |
| | Line 4: Total expenditures this period (page 5, line 14) | | \$2120.00 | | |
| | Line 5: Ending Balance (line 3 minus line 4) | | 10.00 | | |
| | Line 6: Total in-kind contributions this period (pag | e 6) | \$171.77 | | |
| | Line 7: Total (all) outstanding liabilities (page 7) | | \$ D.00 | | |
| | Line 8: Name of bank(s) used: Fluvence Ban | ./c | | | |
| I certify that I activity, inclu finance activi | Committee Treasurer: I have examined this report including attached schedules and it is, to the best o iding all contributions, loans, receipts, expenditures, disbursements, in-kind co try of all persons acting under the authority or on behalf of this committee in ac | ntribilitions and | liabilities for this remarks | atement of all campai and represents the ca | mpaign |
| | r the penalties of perjury: | | (Treasurer's signature) | Date: \ \ \ | 17 |
| Candida [certify activity, incurred | ate with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the b of all persons acting under the authority or on behalf of this committee in according to the committee of any liabilities nor made any expenditures on my behalf during this reporting p | est of my know rdance with the criod. | ledge and belief, a true and comple requirements of M.G.L. c. 55, [] | ete statement of all ca nave not received any | mpaign finance contributions, |
| finance a | ate without Committee OR Candidate with independent activity filing separative that I have examined this report including attached schedules and it is, to the bactivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this of the penalties of perjury: | est of my know | tions and liabilities for this concer- | | mpaign nts the |
| | | 7 | | <u> </u> | '/ ' |



SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------------|-----------------------------------------------------------------|----------|------------------------------------------------------------|
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | -80 | | |
| ne 9: Total Receip | ts over \$50 (or listed above) | | |
| ne 10: Total Receip | ots \$50 and under* (not listed above) | | |
| | ECEIPTS IN THE PERIOD | ← | |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amoun |
|-----------|-------------------------------------|--------------------------------|--------------------------|---------|
| | | WY | | -saroun |
| | | | | |
| | | | L | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 1 000 |
| | | | | |
| | | | | V100 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | } | |
| | | | | |
| | | | | |
| il. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 1 10 |
| | | | | |
| | Li | ne 12: Expenditures over \$50 | (or listed above) | |
| | T : | no 12. Esperaltera de o | | |
| | Li | ne 13: Expenditures \$50 and u | inder (not listed above) | |
| | Enter on page 1, line 4 → Li | | | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Incurred | To Whom Due | Address | Purpose | Amount |
|----------|------------------------------------------|-------------------------|------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | 10-1-10-10-10-10-10-10-10-10-10-10-10-10 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Enter on page 1, line 7 | Line 18: TOTAL OUTSTANI | DING LIABILITIES (ALL) | Page 7 |

Page 7

(including CPF ID#) and not the name of the individual PAGE FOUR: who signed or presented the check. PACs must be registered under M.G.L. c. 55 to contribute to SCHEDULE C (IN-KIND CONTRIBUTIONS) Massachusetts candidates. (Registered PACs and their (1) The committee must report contributors who have CPF ID numbers are available from OCPF.)

- or other organizations must be disclosed under the description of what was contributed. organization's name along with the names and addresses of its principal officers.
- (7) Contributions must be reported as of the date employer of the contributor is also required. received, not the date they were deposited.
- Individual contributions made non-incorporated businesses should be reported as an and incidental expenses in rendering a personal service. individual "doing business as," i.e. John Smith D/B/A Smith's Market Committees should verify, prior to SCHEDULE D (LIABILITIES) accepting such contributions, that such business is not (1) Schedule D is a cumulative schedule of ALL debts incorporated.
- (9) Schedule A must reflect all receipts of money during the reporting period including refunds from . vendors or others and interest earnings.

PAGE THREE:

SCHEDULE B (EXPENDITURES)

- (1) The report must itemize, alphabetically, all expenditures of more than \$50 for the reporting period. These are totaled on line 12. Expenditures of \$50 or the letter of forgiveness should be filed with the report. less should be totaled from the committee's records, and disclosed in the aggregate line 13. Lines 12 and 13 FORMAT FOR COMPUTER GENERATED should be aggregated, and the total shown on line 14. REPORTS Total expenditures (line 14) should be carried forward. All computer generated report formats must be to page one, line 4.
- (2) For individuals who are reimbursed more than \$50 for expenditures made on behalf of the committee, an itemization of reimbursements, form R 1, must be completed to disclose the name, address, purpose and behalf
- (3) The stated purpose of each expenditure listed should convey detailed information about the political 9/99 purpose of the expenditure.
- (4) Schedule B must reflect all payments made by the committee including bank service charges and contributions to other committees, even if returned.
- (5) If the committee holds a credit card, it must file form CPF M9 and copies of the credit card statements disclosing committee credit card activity. (NB. The credit card number is not required) If reimbursing an individual for charges made on a personal credit card, make payment to the individual and file form R I itemizing the reimbursement.

- contributed things of value (in-kind contributions) that (6) Contributions from trusts, foundations, associations exceed \$50 by indicating their name, address and a contributions of \$50 or less are aggregated on line 20. If the contribution is \$200 or more, the occupation and
 - (2) Things of value that are NOT included as in-kind through contributions are personal services, ordinary hospitality

- as of the last day of the reporting period. It includes:
- (a) Any unpaid bills that the committee has on hand.
- (b) All obligations for goods or services that have been provided to the committee that remain unpaid at the time of the report.
- (c) All outstanding loans from a candidate or others. (2) Debts should be carried from one report to the next unless such debt has been paid or forgiven during the reporting period. If debt is forgiven, it should be listed as an in-kind contribution on Schedule C and a copy of

approved by the local election official prior to submission (other than OCPF's reporting software).

If you have any questions, or require further information, please call your election commission, city amount for each expenditure made on the committee's or town clerk, or the Office of Campaign and Political